Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 1 of 72

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF GEORGIA	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself					
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):		
1.	Your full name					
	Write the name that is on	TJ Tony		Scotie		
	your government-issued picture identification (for	First name		First name		
	example, your driver's	Henry		Lyn		
	license or passport).	Middle name		Middle name		
Bring your picture identification to your meeting with the trustee.		Hinesley		Hinesley		
		Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)		
2.	All other names you have					
	used in the last 8 years			FKA Scotie Lyn Vereb		
	Include your married or maiden names.			·		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4978		xxx-xx-2393		

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 2 of 72

Debtor 1 TJ Tony Henry Hinesley Scotie Lyn Hinesley

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs. Business name(s)			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	I have not used any business name or EINs. Business name(s)				
		EINs	EINs			
5.	Where you live	8340 US Highway 78	If Debtor 2 lives at a different address:			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Haralson County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
this district to file for bankruptcy		Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Entered 07/22/16 16:34:35 Case 16-11440-whd Doc 1 Filed 07/22/16 **Desc Main**

Document Page 3 of 72 **TJ Tony Henry Hinesley** Debtor 1 Debtor 2 **Scotie Lyn Hinesley** Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor District When Case number, if known Debtor Relationship to you When District Case number, if known

11. Do you rent your residence?

No.

Go to line 12.

□ Yes.

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Case 16-11440-whd Page 4 of 72 Document

	otor 1 TJ Tony Henry Hir otor 2 Scotie Lyn Hinesle		Docum	Case number (if known)				
Pari	t 3: Report About Any Bu	sinesses	You Own as a Sole Proprie	tor				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	No. Go to Part 4.					
		☐ Yes.	☐ Yes. Name and location of business					
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.								
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta	te & ZIP Code				
	it to this petition.			ox to describe your business:				
			_	ness (as defined in 11 U.S.C. § 101(27A))				
				I Estate (as defined in 11 U.S.C. § 101(51B))				
				lefined in 11 U.S.C. § 101(53A))				
			•	er (as defined in 11 U.S.C. § 101(6))				
			☐ None of the above	e				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set approached deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statener operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the proint 1 U.S.C. 1116(1)(B).						
	For a definition of small	■ No.	I am not filing under Chap	oter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy				
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Part	t 4: Report if You Own or	Have Any	/ Hazardous Property or An	y Property That Needs Immediate Attention				
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and	■ No.	What is the hazard?					
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?					
				Number, Street, City, State & Zip Code				

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 5 of 72

Debtor 1 TJ Tony Henry Hinesley Debtor 2 Scotie Lyn Hinesley Case number (if known)

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 6 of 72

TJ Tony Henry Hinesley Debtor 1 Debtor 2 **Scotie Lyn Hinesley** Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? □ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts I am not filing under Chapter 7. Go to line 18. 17. Are you filing under ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for □ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5**0,001-100,000 **5001-10,000 50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **□** \$100,001 - \$500,000 □ \$100.000.001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ TJ Tony Henry Hinesley /s/ Scotie Lyn Hinesley TJ Tony Henry Hinesley Scotie Lyn Hinesley Signature of Debtor 1 Signature of Debtor 2 Executed on July 22, 2016 Executed on July 22, 2016 MM / DD / YYYY MM / DD / YYYY

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 7 of 72

Debtor 1	TJ Tony Henry Hinesley		
Debtor 2	Scotie Lyn Hinesley	Case number (if known)	
		-	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Charles	s E. Nye	Date	July 22, 2016	
Signature of	Attorney for Debtor		MM / DD / YYYY	
Charles E.	. Nye			
Printed name Jack F. Wi Firm name	itcher			
601 Pacific P.O. Draw				
Bremen, G	GA 30110			
Number, Street,	City, State & ZIP Code			
Contact phone	(770) 537-5848	Email address	cnye@jwitcher.com	
521322				
Bar number & S	tate			

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 8 of 72

Fill	in this inform	nation to identify your	case:			
Deb	otor 1	TJ Tony Henry H				
Doh	otor 2	First Name Scotie Lyn Hines	Middle Name	Last Name		
	use if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Bar	nkruptcy Court for the:	NORTHERN DISTRICT (OF GEORGIA		
Cas	se number					
(if kn	own)					heck if this is an mended filing
Of	ficial Fo	rm 107				
Sta	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16
					equally responsible for sup	
		n). Answer every ques			, and the good, and good	
Par	t 1: Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.	What is your	current marital statu	s?			
	■ Married					
	■ Not mar					
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	☐ Yes. Lis	t all of the places you li	ived in the last 3 years. Do no	ot include where you live now	'.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3.					ity property state or territory	
state	es and territori	es include Arizona, Ca	lifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto R	co, Texas, Washington and W	/isconsin.)
	■ No					
	☐ Yes. Ma	ke sure you fill out Sch	nedule H: Your Codebtors (Of	fficial Form 106H).		
Par	t 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	I amount of income you	nployment or from operating u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No					
	_	in the details.				
			Debtor 1		Dahtan 0	
			Sources of income	Gross income	Debtor 2 Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$24,182.25	■ Wages, commissions, bonuses, tips	\$10,475.46
			☐ Operating a business		☐ Operating a business	
			_ operating a basiness		_ operating a baciness	

Official Form 107

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 9 of 72

Document Page 9 of 72 **TJ Tony Henry Hinesley** Debtor 1 Scotie Lyn Hinesley Debtor 2 Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$43,724.00 \$12,255.00 Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$33,362.00 \$4,012.00 Wages, commissions. Wages, commissions. (January 1 to December 31, 2014) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 2 Debtor 1 **Gross income** Sources of income Gross income from Sources of income Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not

Creditor's Name and Address

Dates of payment

attorney for this bankruptcy case.

Total amount paid

include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Amount you still owe Was this payment for ...

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 10 of 72

Debtor 1 TJ Tony Henry Hinesley

Deb	otor 2	Scotie Lyn Hinesley			Cas	se number (i	f known)		
7.	Inside of wh a bus	Within 1 year before you filed for bankruptcy, nsiders include your relatives; any general partner of which you are an officer, director, person in corrubusiness you operate as a sole proprietor. 11 Unlimony.		s; relatives of any ger ol, or owner of 20% o	neral partners; partners partners or more of their voting	erships of wig securities;	nich yo and ar	u are a genera ny managing a	I partner; corporations gent, including one for
		No Yes. List all payments to an insider.							
		der's Name and Address	Dat	tes of payment	Total amount paid	Amount still	you owe	Reason for	this payment
8.	insid	in 1 year before you filed for bankrupt er? de payments on debts guaranteed or cos	_					ccount of a de	ebt that benefited an
		No Yes. List all payments to an insider							
	Insid	der's Name and Address	Dat	tes of payment	Total amount paid	Amount still	you owe	Reason for Include credi	this payment itor's name
Par	t 4:	Identify Legal Actions, Repossession	ns, an	nd Foreclosures					
9.	List a	in 1 year before you filed for bankrupt Ill such matters, including personal injury fications, and contract disputes.							
		No Yes. Fill in the details.							
		e title e number	Nat	ture of the case	Court or agency			Status of the	e case
10.		Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.							
		No. Go to line 11. Yes. Fill in the information below.							
	Cred	ditor Name and Address	Describe the Property				Date		Value of the property
			Ex	plain what happene	d				
11.	acco	in 90 days before you filed for bankrup unts or refuse to make a payment bec No			luding a bank or fir	nancial inst	itution	, set off any a	mounts from your
		Yes. Fill in the details.	Des	scribe the action the	creditor took		Date	action was	Amount
	Orec	and Name and Address	De	scribe the action the	cication took		taken		Amount
12.		in 1 year before you filed for bankrupt t-appointed receiver, a custodian, or a			erty in the possess	ion of an as	ssigne	e for the bene	fit of creditors, a
		No Yes							
Por	t 5:	List Certain Gifts and Contributions							

13.	_	i <mark>n 2 years before you filed for bankru</mark> p No	itcy, c	ald you give any gift	s with a total value	of more th	an \$60	u per person?	•
		Yes. Fill in the details for each gift.							
		s with a total value of more than \$600 person		Describe the gifts			Dates the gi	you gave	Value
		son to Whom You Gave the Gift and							

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 11 of 72

	otor 1 TJ Tony Henry Hinesley Scotie Lyn Hinesley		Ca	ase number (if known)			
14.	Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift or or			s with a total	value of more than	\$600 to any charity?		
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod	total	Describe what you contributed		Dates you contributed	Value		
Par	t 6: List Certain Losses							
15.	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster or gambling?							
	■ No □ Yes. Fill in the details.							
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the lost the amount that insurance has paid. List ce claims on line 33 of Schedule A/B: F	st pending	Date of your loss	Value of property loss		
Par	t 7: List Certain Payments or Transfer			, ,				
16.	Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No Yes. Fill in the details.	preparin	g a bankruptcy petition?			rty to anyone you		
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any prope transferred	rty	Date payment or transfer was made	Amount of payment		
	Jack F. Witcher 601 Pacific Ave Bremen, GA 30110		Cash		6/2016	\$1,200.00		
17.	Within 1 year before you filed for bankrupromised to help you deal with your cre Do not include any payment or transfer tha No Yes. Fill in the details.	ditors or	to make payments to your creditors		r transfer any prope	rty to anyone who		
	Person Who Was Paid Address		Description and value of any prope transferred	rty	Date payment or transfer was made	Amount of payment		
18.	Within 2 years before you filed for banks transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have all include include gifts and transfers that you have all include gifts and you	u r busine s made a	ess or financial affairs? as security (such as the granting of a sec					
	Yes. Fill in the details.					_		
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts change	Date transfer was made		
	Person's relationship to you Unknown		2006 Pontiac Grandam - \$2,500.00			3/2015		
	None							

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 12 of 72

Debtor 1 TJ Tony Henry Hinesley
Debtor 2 Scotie Lyn Hinesley

Case number (if known)

	Person Who Received Transfer Address	Description and va property transferre		payme	ibe any property or ents received or debts n exchange	Date transfer was made			
	Person's relationship to you								
	None	2012 Chevrolet 1 Crewcab	500	Latitu unde owed Chev whicl	ed for the 2015 Jeep ude. Debtor was rwater on the loan on the 2012 rolet 1500 Crewcab was added to the on the 2015 Jeep ude.	3/2015			
	 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device beneficiary? (These are often called asset-protection devices.) No 								
	Yes. Fill in the details.								
	Name of trust	Description and va	alue of the prop	perty trans	ferred	Date Transfer was made			
Par	List of Certain Financial Accounts, Instru	ments, Safe Deposit	Boxes, and Sto	orage Unit	s				
20.	Within 1 year before you filed for bankruptcy, v	vere any financial acc	ounts or instru	uments he	ld in your name, or for yo	our benefit, closed,			
	sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No								
	Yes. Fill in the details.								
		ast 4 digits of Type of account instrument		int or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer			
	Do you now have, or did you have within 1 yea cash, or other valuables?	r before you filed for	bankruptcy, an	ıy safe dep	oosit box or other deposi	tory for securities,			
	■ No								
	Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)		Describe	the contents	Do you still have it?			
22.	Have you stored property in a storage unit or p	lace other than your	home within 1	year befor	e you filed for bankrupto	y?			
	■ No								
	Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describe	the contents	Do you still have it?			
_		,							
Par	19: Identify Property You Hold or Control for	Someone Else							
	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.								
	■ No								
	Yes. Fill in the details.								
	Owner's Name	Where is the prope	arty?	Describe	the property	Value			
	Address (Number, Street, City, State and ZIP Code)	Where is the property? De (Number, Street, City, State and ZIP Code)		Describe the property		value			

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 13 of 72

Debtor 1 TJ Tony Henry Hinesley
Debtor 2 Scotie Lyn Hinesley

Case number (if known)

Pai	t 10: Give Details About Environmental Informa	ation						
For	the purpose of Part 10, the following definitions	apply:						
	Environmental law means any federal, state, or toxic substances, wastes, or material into the air regulations controlling the cleanup of these substances.	ir, land, soil, surface water, groun	• .					
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.							
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.							
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of whe	ո they occu	rred.				
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	under or ir	n violation of an environm	ental law?			
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Environmental law, if you know it ZIP Code)				Date of notice			
25.	Have you notified any governmental unit of any	release of hazardous material?						
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		nmental law, if you it	Date of notice			
26.	Have you been a party in any judicial or adminis	strative proceeding under any env	ronmental l	law? Include settlements	and orders.			
	■ No □ Yes. Fill in the details.							
	Case Title Case Number			the case	Status of the case			
Pai	t 11: Give Details About Your Business or Con	nections to Any Business						
27.	Within 4 years before you filed for bankruptcy, o	did you own a business or have a	y of the fol	lowing connections to an	y business?			
	lacksquare A sole proprietor or self-employed in a t	rade, profession, or other activity	either full-t	time or part-time				
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	ip (LLP)					
	☐ A partner in a partnership							

Business Name

(Number, Street, City, State and ZIP Code)

Address

Describe the nature of the business

Name of accountant or bookkeeper

☐ An officer, director, or managing executive of a corporation

No. None of the above applies. Go to Part 12.

☐ An owner of at least 5% of the voting or equity securities of a corporation

Yes. Check all that apply above and fill in the details below for each business.

Employer Identification number

Dates business existed

Do not include Social Security number or ITIN.

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 14 of 72

Debto Debto		Henry Hinesley 'n Hinesley	Docume	in rage	Case nur	mber (if known)		
		fore you filed for bankrup itors, or other parties.	otcy, did you give	a financial state	ement to anyone	about your bus	siness? Include all financ	ial
	■ No] Yes. Fill in th	ne details below.						
	Name Address Number, Street, City,	State and ZIP Code)	Date Issued					
Part 1	2: Sign Below	,						
with a 18 U.S	bankruptcy cas	understand that making a se can result in fines up to , 1519, and 3571. Hinesley	s \$250,000, or imp		ip to 20 years, or		operty by made in conne	Juon
TJ To	ony Henry Hin	esley	Scoti	e Lyn Hinesley	/			
Signa	ture of Debtor 1		Signa	ture of Debtor 2				
Date	July 22, 2016	5	Date	July 22, 201	6			
Did yo	u attach additio	nal pages to Your Statem	ent of Financial	Affairs for Indivi	iduals Filing for E	3ankruptcy (Off	icial Form 107)?	
■ No								
∃Yes	3							
Did yo	ou pay or agree t	to pay someone who is no	ot an attorney to	help you fill out	bankruptcy form	is?		
No			-	-				

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

	Case	16-11440-v	vhd Doc 1	_	ed 07/22/16 Jument F	Entered 07/2	2/16 16:34:35	Des	sc Main
Fill in	this inform	ation to identify	your case and th						
Debto	r 1	TJ Tony Hen	ry Hinesley						
Debio	1 1	First Name		e Name	L	ast Name			
Debto	r 2	Scotie Lyn F	linesley						
(Spouse	e, if filing)	First Name	Middle	e Name	L	ast Name			
United	d States Ban	kruptcy Court for	the: NORTHER	N DIST	RICT OF GEOR	GIA			
Case	number								Check if this is an amended filing
		m 106A/B	-						
<u>Scr</u>	<u>neauie</u>	• A/B: Pr	operty						12/15
Part 1:	Describe E	on. ach Residence, Bu ave any legal or eq 2.	uilding, Land, or Ot	her Real	Estate You Own	op of any additional pages or Have an Interest In nd, or similar property?	s, write your name and ca	ase nu	mber (if known).
1.1				What	is the property?	Check all that apply			
	340 US Hi	ghway 78		П			Do not deduct secured	claime	or exemptions But
_		available, or other des	cription		Duplex or multi-u		the amount of any secu	red cla	ims on <i>Schedule D:</i>
					Condominium or	· ·	Creditors Who Have Cl	aims S	ecured by Property.
					Manufactured or	mobile home	0	_	
E	Bremen	GA	30110-0000		Land		Current value of the entire property?		urrent value of the ortion you own?
-	City	State	ZIP Code		Investment prope	erty	\$50,000.00	_	\$50,000.00
					Timeshare		Describe the nature of	fvour	ownership interest
							(such as fee simple, to	enancy	
				_		the property? Check one	a life estate), if known		
					Debtor 1 only		Fee Simple		

At least one of the debtors and another Check if this is community property

Other information you wish to add about this item, such as local property identification number:

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......=>

\$50,000.00

Part 2: Describe Your Vehicles

Haralson

County

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 16 of 72

Ca	rs. vans. t	rucks, tractors, sport utility ve	hicles, motorcycles		
_		rucks, tractors, sport utility ve	meles, motorcycles		
•	es/es				
3.1	Make:	Jeep	Who has an interest in the property? Check one	Do not deduct secured cla	
	Model:	Cherokee Latitude	☐ Debtor 1 only	the amount of any secure Creditors Who Have Clair	
	Year:	2015	Debtor 2 only		
	Approxima	ate mileage: 16,000	■ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other info	<u> </u>	☐ At least one of the debtors and another		
			☐ Check if this is community property (see instructions)	\$17,500.00	\$17,500.0
3.2	Make: Model:	Chevrolet Silveradeo Z71	Who has an interest in the property? Check one ☐ Debtor 1 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	ed claims on Schedule D:
	Year: 2007 Approximate mileage: 168,000		Debtor 2 only		
			■ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other info		☐ At least one of the debtors and another	onthio property.	portion you own.
			Check if this is community property (see instructions)	\$8,000.00	\$8,000.0
	<i>mples:</i> Bo		d other recreational vehicles, other vehicles, and tercraft, fishing vessels, snowmobiles, motorcycle a		
Exa	<i>mples:</i> Bo No ∕es	ats, trailers, motors, personal wa	tercraft, fishing vessels, snowmobiles, motorcycle a	accessories	
Exa	mples: Bo No /es Id the doll	ats, trailers, motors, personal wa		accessories ny entries for	\$25,500.00
Exa	mples: Bo No /es Id the doll ges you h	ats, trailers, motors, personal wa	n for all of your entries from Part 2, including an	accessories ny entries for	\$25,500.00
Exa	mples: Bo No Yes Id the doll ges you h	ats, trailers, motors, personal wa lar value of the portion you ow have attached for Part 2. Write	n for all of your entries from Part 2, including an	ny entries for	Current value of the cortion you own? Do not deduct secured
Ac part 3	mples: Bo No Yes Id the doll ges you h Describe ou own or usehold g	ats, trailers, motors, personal war value of the portion you ow have attached for Part 2. Write to be Your Personal and Household Ite have any legal or equitable in goods and furnishings lajor appliances, furniture, linens	tercraft, fishing vessels, snowmobiles, motorcycle and for all of your entries from Part 2, including and that number hereems ems terest in any of the following items?	ny entries for	Current value of the
Acc.pa	mples: Bo No Yes Id the doll ges you h Describe ou own or usehold gramples: M	ats, trailers, motors, personal war value of the portion you ow have attached for Part 2. Write to be Your Personal and Household Ite have any legal or equitable in goods and furnishings lajor appliances, furniture, linens	tercraft, fishing vessels, snowmobiles, motorcycle and for all of your entries from Part 2, including and that number hereems ems terest in any of the following items?	ny entries for	Current value of the cortion you own? Do not deduct secured
Acc.pa	mples: Bo No Yes Id the doll ges you h Describe ou own or usehold g	lar value of the portion you ow have attached for Part 2. Write to a Your Personal and Household It have any legal or equitable in goods and furnishings lajor appliances, furniture, linens cribe	tercraft, fishing vessels, snowmobiles, motorcycle and for all of your entries from Part 2, including and that number hereems ems terest in any of the following items?	ny entries for	Current value of the portion you own? Do not deduct secured
Ac part 3	mples: Bo No Yes Describe Du own or usehold gramples: M No Yes. Describe ctronics ramples: Tri	lar value of the portion you ownave attached for Part 2. Write to e Your Personal and Household Its have any legal or equitable in poods and furnishings lajor appliances, furniture, linens cribe Miscellaneous I elevisions and radios; audio, vide actuding cell phones, cameras, manual process.	In for all of your entries from Part 2, including and that number hereems terest in any of the following items? , china, kitchenware nousehold furniture and appliances	ny entries for	Current value of the portion you own? Do not deduct secured claims or exemptions.

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

page 2

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 17 of 72

Debtor 1 Debtor 2	TJ Tony Her Scotie Lyn H		Document	Page 17 01 72	Case number <i>(if known)</i>	
☐ Yes	s. Describe					
Exam _l	ment for sports a ples: Sports, photo musical instr	graphic, exercise, a	nd other hobby equipment	t; bicycles, pool tables, ç	golf clubs, skis; canoes	and kayaks; carpentry tools;
■ No □ Yes	s. Describe					
□ No		s, shotguns, ammur	ition, and related equipme	ent		
■ res	s. Describe	Rifle and pisto	<u> </u>			\$350.00
☐ No		othes, furs, leather o	coats, designer wear, shoe	es, accessories		
		Miscellaneous	clothing and accesso	reis		\$250.00
□ No		welry, costume jewe	elry, engagement rings, we	edding rings, heirloom je	welry, watches, gems, ç	gold, silver
		Miscellaneous	jewelry			\$500.00
Exan	farm animals hples: Dogs, cats, b. Describe	birds, horses				
		3 dogs				\$3.00
■ No	other personal an		s you did not already list,	including any health a	aids you did not list	
			es from Part 3, including		you have attached	\$3,703.00
	escribe Your Finan					
Do you o	own or have any l	egal or equitable i	nterest in any of the follo	owing?		Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	nples: Money you		in your home, in a safe de		when you file your petiti	on
			ncial accounts; certificates accounts with the same in		edit unions, brokerage l	nouses, and other similar

Official Form 106A/B Schedule A/B: Property page 3

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 18 of 72

	ebtor 1 ebtor 2		e Lyn Hi					Case number	(if known)	
	Yes						Institution name:			
				17.1.	Checking		ВВ&Т			\$310.00
				17.2.	Checking		C&SB			\$5.00
				17.3.	Checking		Wells Fargo			\$160.00
18.	Examp				sly traded stock ent accounts wit		je firms, money marke	et accounts		
	■ No □ Yes				Institution or iss	suer name:				
		ublicly tr enture	aded sto	ck and	interests in inc	corporated	I and unincorporate	d businesses, including a	an interest in an LL	C, partnership, and
	☐ Yes.	Give sp	ecific info		about them me of entity:			% of owners	hip:	
20.	Negoti	iable inst	ruments ir	nclude p	ersonal checks	, cashiers'	and non-negotiable checks, promissory r to someone by signin	otes, and money orders.		
	■ No □ Yes.	Give spe	ecific infor		about them uer name:					
21.			pension a rests in IR			(k), 403(b),	thrift savings accoun	ts, or other pension or prof	it-sharing plans	
	☐ Yes.	List each	n account	•	ely. of account:		Institution name:			
22.	Your sl Examp	hare of a		deposit	s you have mad			vice or use from a company water), telecommunication		ers
	■ No □ Yes.						Institution name or in	ndividual:		
	■ No	`		·	dic payment of r		ou, either for life or fo	r a number of years)		
	☐ Yes						ed ABI F program o	· under a qualified state t	uition program	
24 .					and 529(b)(1).	i a quaiiile	a ABLE program, o	under a quamied state t	union program.	
	☐ Yes		Inst	itution r	name and descr	iption. Sep	arately file the record	s of any interests.11 U.S.C	. § 521(c):	
	■ No	•				ty (other t	han anything listed	n line 1), and rights or po	owers exercisable f	or your benefit
					about them		and the fall of the			
26.							er intellectual prope m royalties and licens			

Official Form 106A/B Schedule A/B: Property page 4

 $\hfill \square$ Yes. Give specific information about them...

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Document Page 19 of 72 **TJ Tony Henry Hinesley** Debtor 1 Debtor 2 **Scotie Lyn Hinesley** Case number (if known) 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Nο ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information...

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$475.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main

Debt Debt		TJ Tony Henry Hinesley Scotie Lyn Hinesley	eni Page 20 01	Case number (if known)	
Part (cribe Any Farm- and Commercial Fishing-Related Proper	ty You Own or Have an Intere	st In.	
ı	■ No. (own or have any legal or equitable interest in any Go to Part 7. Go to line 47.	farm- or commercial fishi	ng-related property?	
Part 7	7:	Describe All Property You Own or Have an Interest in Th	nat You Did Not List Above		
	Example No I Yes. (have other property of any kind you did not alread les: Season tickets, country club membership Give specific information ne dollar value of all of your entries from Part 7. Will List the Totals of Each Part of this Form	•		\$0.00
55.	Part 1	: Total real estate, line 2			\$50,000.00
56.	Part 2	: Total vehicles, line 5	\$25,500.00		<u> </u>
57.	Part 3	: Total personal and household items, line 15	\$3,703.00		
58.	Part 4	: Total financial assets, line 36	\$475.00		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54	+\$0.00		
62.	Total _I	personal property. Add lines 56 through 61	\$29,678.00	Copy personal property total	\$29,678.00
63.	Total o	of all property on Schedule A/B. Add line 55 + line 6	2		\$79.678.00

Official Form 106A/B Schedule A/B: Property page 6

\$79,678.00

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main

Fill in this infor	mation to identify your	case:	··· · · · · · · · · · · · · · · · · ·	-	
Debtor 1	TJ Tony Henry H	inesley			
	First Name	Middle Name	Last Name		
Debtor 2	Scotie Lyn Hines	ley			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA		
Case number					
(if known)					☐ Check if this
					amended filin

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B				
8340 US Highway 78 Bremen, GA 30110 Haralson County	\$50,000.00		\$23,401.01	O.C.G.A. § 44-13-100(a)(1)	
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit		
Miscellaneous household furniture and appliances	\$2,000.00		\$2,000.00	O.C.G.A. § 44-13-100(a)(4)	
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		
Miscellaneous electronics Line from Schedule A/B: 7.1	\$600.00		\$600.00	O.C.G.A. § 44-13-100(a)(4)	
2.110			100% of fair market value, up to any applicable statutory limit		
Rifle and pistol	\$350.00		\$350.00	O.C.G.A. § 44-13-100(a)(6)	
Ellio II Gunedale 77 E. 1611			100% of fair market value, up to any applicable statutory limit		
Miscellaneous clothing and accessoreis	\$250.00		\$250.00	O.C.G.A. § 44-13-100(a)(4)	
Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit		

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 22 of 72

Debtor 1 **Scotie Lyn Hinesley** Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Miscellaneous jewelry O.C.G.A. § 44-13-100(a)(5) \$500.00 \$500.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit O.C.G.A. § 44-13-100(a)(6) 3 dogs \$3.00 \$3.00 Line from Schedule A/B: 13.1 100% of fair market value, up to any applicable statutory limit Checking: BB&T O.C.G.A. § 44-13-100(a)(6) \$310.00 \$310.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Checking: C&SB O.C.G.A. § 44-13-100(a)(6) \$5.00 \$5.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit **Checking: Wells Fargo** O.C.G.A. § 44-13-100(a)(6) \$160.00 \$160.00 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Yes

Ca	ase 16-11440-wi	na Doc'1 Filea 0 Docume	//22/16	35 Desc Main
Fill in this in	formation to identify y		··· · · · · · · · · · · · · · · · · ·	
Debtor 1	TJ Tony Henr	, ,		
	First Name	Middle Name	Last Name	
Debtor 2	Scotie Lyn Hi	nesley		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States	s Bankruptcy Court for th	ne: NORTHERN DISTRICT	OF GEORGIA	
Case numbe (if known)	r			☐ Check if this is an amended filing
	orm 106D			
Schedu	le D: Creditor	's Who Have Clai	ms Secured by Property	12/1
	y the Additional Page, fill		g together, both are equally responsible for supplying ttach it to this form. On the top of any additional page	

1. Do any creditors have claims secured by your property?

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims				
2. List all secured claims. If a creditor has	more than one secured claim, list the creditor separately	Column A	Column B	Column C
	s a particular claim, list the other creditors in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 1st Franklin	Describe the property that secures the claim:	\$3,675.00	Unknown	Únknown
Creditor's Name	Personal Loan			
PO Box 1095 Carrollton, GA 30117	As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mortgage or security car loan)	ıred		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Non-Purcha	se Money Securi	ty	
Date debt was incurred 5/11/13	Last 4 digits of account number 9603			
2.2 Mar Distribution, Inc.	Describe the property that secures the claim:	\$26,598.99	\$50,000.00	\$0.00
Creditor's Name	8340 US Highway 78 Bremen, GA 30110 Haralson County	. ,		·
1670 Stripling Chapel Drive Carrollton, GA 30116	As of the date you file, the claim is: Check all that apply. ☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or security car loan)	ıred		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) First Mortga	age		
Date debt was incurred 7/2013	Last 4 digits of account number			

Official Form 106D

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 24 of 72

Debtor	1 TJ Tony H	enry Hinesley	,		Case number (if know)		
Dalata	First Name	Middle Na	ame Last Name	_	_		
Debtor	2 Scotie Lyr First Name	n Hinesiey Middle Na	ame Last Name	_			
2.3 T	D Auto Finan	ce	Describe the property that secures	the claim:	\$26,796.00	\$17,500.00	\$9,296.00
C	reditor's Name		2015 Jeep Cherokee Latitud miles	le 16,000			
F	777 Franklin armington Hi 8334		As of the date you file, the claim is: apply. Contingent	Check all that			
N	umber, Street, City, S	State & Zip Code	□ Unliquidated				
Who o	wes the debt? C	heck one.	☐ Disputed Nature of lien. Check all that apply.				
	tor 1 only tor 2 only		☐ An agreement you made (such as car loan)	mortgage or se	ecured		
_	tor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, me	chanic's lien)			
☐ At le	ast one of the deb	otors and another	☐ Judgment lien from a lawsuit				
	ck if this claim re nmunity debt	elates to a	Other (including a right to offset)	Title lien			
Date de	bt was incurred	Opened 03/15	Last 4 digits of account num	_{ber} 1675			
	Vells Fargo Deservices	ealer	Describe the property that secures	the claim:	\$9,373.00	\$8,000.00	\$1,373.00
C	reditor's Name		2007 Chevrolet Silveradeo 2 168,000 miles	271			
	O Box 1697 Vinterville, NO	28590	As of the date you file, the claim is: apply. Contingent	Check all that			
N	umber, Street, City, S	State & Zip Code	Unliquidated				
Who o	wes the debt? C	heck one.	☐ Disputed Nature of lien. Check all that apply.				
	tor 1 only tor 2 only		☐ An agreement you made (such as car loan)	mortgage or se	ecured		
■ Deb	tor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, me	chanic's lien)			
_	ast one of the deb		☐ Judgment lien from a lawsuit	T '41. 1'.			
	ck if this claim re nmunity debt	elates to a	Other (including a right to offset)	Title lien			
Date de	bt was incurred	Opened 08/15	Last 4 digits of account num	ber 6741			
						_	
		=	olumn A on this page. Write that num		\$66,442.99	1	
	that number here	•	the dollar value totals from all pages.	•	\$66,442.99		
Part 2:	List Others t	o Be Notified fo	r a Debt That You Already Listed				
trying to	o collect from you e creditor for any	u for a debt you o	e notified about your bankruptcy for we to someone else, list the creditor you listed in Part 1, list the additiona is page.	in Part 1, and	then list the collection agency	here. Similarly, if yo	u have more
	Name, Number, St	reet, City, State & 2	Zip Code	On wh	nich line in Part 1 did you enter th	e creditor? 2.4	
ı	Po Box 3569	monga, CA 91		Last 4	digits of account number		

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main

		Document	Page 25 of	72		
Fill in this inform	mation to identify your case:					
Debtor 1	TJ Tony Henry Hinesley					
		iddle Name	Last Name	_		
Debtor 2	Scotie Lyn Hinesley					
(Spouse if, filing)	First Name Mi	iddle Name	Last Name			
United States Ba	ankruptcy Court for the: NORTH	HERN DISTRICT OF G	EORGIA			
Case number						
(if known)					☐ Check	if this is an
					amend	ded filing
Official Forn	n 106E/E					
		ava Uncasurad	Claima			12/15
	F/F: Creditors Who Ha					
Schedule D: Credit	Itory Contracts and Unexpired Leas fors Who Have Claims Secured by P ntinuation Page to this page. If you h mber (if known).	roperty. If more space is	needed, copy the Par	t you need, fill it out, r	number the entries i	in the boxes on the
Part 1: List A	II of Your PRIORITY Unsecured	Claims				
1. Do any credito	ors have priority unsecured claims a	against you?				
☐ No. Go to F	Part 2.					
Yes.						
identify what ty possible, list th	r priority unsecured claims. If a cred rpe of claim it is. If a claim has both pri le claims in alphabetical order accordir than one creditor holds a particular cla	ority and nonpriority amouring to the creditor's name. If	nts, list that claim here a f you have more than tw	and show both priority a	nd nonpriority amour	its. As much as
(For an explana	ation of each type of claim, see the ins	structions for this form in the	e instruction booklet.)			
				Total claim	Priority amount	Nonpriority amount
2.1 Georgia	a Department of Revenue	Last 4 digits of accou	ınt number	\$0.00	\$0.00	
•	editor's Name	. -		<u>.</u>	·	<u> </u>
	ptcy Section	When was the debt in	ncurred?			
	(161108 , GA 30321					
	Street City State ZIp Code	As of the date you file	e, the claim is: Check a	all that apply		
Who incurre	d the debt? Check one.	☐ Contingent				
Debtor 1 o	only	☐ Unliquidated				
Debtor 2 o	only	☐ Disputed				
■ Debtor 1 a	and Debtor 2 only	Type of PRIORITY un	secured claim:			
_	ne of the debtors and another	☐ Domestic support of				
At least of	חוס טו נווס טפטנטוט מווט מווטנוופו		•			

■ Taxes and certain other debts you owe the government

Notice Only

☐ Other. Specify

 $\hfill \square$ Claims for death or personal injury while you were intoxicated

 $\hfill\square$ Check if this claim is for a community debt

Is the claim subject to offset?

■ No

☐ Yes

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 26 of 72

ebtor 2 Scotie Lyn Hinesley			
2 Internal Revenue Service	Last 4 digits of account number \$0.00	\$0.00	\$0.0
Priority Creditor's Name Room 400-Stop 334D -Insolvency 401 West Peachtree St., NW Atlanta, GA 30308	When was the debt incurred?		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	☐ Contingent		
Debtor 1 only	☐ Unliquidated		
Debtor 2 only	☐ Disputed		
■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:		
☐ At least one of the debtors and another	☐ Domestic support obligations		
☐ Check if this claim is for a community debt	Taxes and certain other debts you owe the government		
Is the claim subject to offset?	☐ Claims for death or personal injury while you were intoxicated		
No	Other. Specify		
Yes	Notice Only		
Do any creditors have nonpriority unsecured claim ☐ No. You have nothing to report in this part. Submit ☐ Yes.			
 No. You have nothing to report in this part. Submit of Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim. 		ncluded in Par ie Continuation	t 1. If more n Page of
 No. You have nothing to report in this part. Submit 1 Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2. 	this form to the court with your other schedules. alphabetical order of the creditor who holds each claim. If a creditor has more tlaim. For each claim listed, identify what type of claim it is. Do not list claims already i creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the	ncluded in Par	t 1. If more n Page of
No. You have nothing to report in this part. Submit 1 Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2. Ambucare, Inc. Nonpriority Creditor's Name PO Box 664	this form to the court with your other schedules. alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already in the court of the creditor who holds each claim.	ncluded in Par ie Continuation	t 1. If more n Page of
■ No. You have nothing to report in this part. Submit a Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2. Ambucare, Inc. Nonpriority Creditor's Name	this form to the court with your other schedules. alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the last 4 digits of account number	ncluded in Par ie Continuation	t 1. If more n Page of
□ No. You have nothing to report in this part. Submit □ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2. Ambucare, Inc. Nonpriority Creditor's Name PO Box 664 Bremen, GA 30110 Number Street City State Zlp Code	this form to the court with your other schedules. alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number When was the debt incurred?	ncluded in Par ie Continuation	t 1. If more n Page of
□ No. You have nothing to report in this part. Submit □ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2. Ambucare, Inc. Nonpriority Creditor's Name PO Box 664 Bremen, GA 30110 Number Street City State Zlp Code Who incurred the debt? Check one.	this form to the court with your other schedules. Palphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply	ncluded in Par ie Continuation	t 1. If more n Page of
□ No. You have nothing to report in this part. Submit □ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. Ambucare, Inc. Nonpriority Creditor's Name PO Box 664 Bremen, GA 30110 Number Street City State Zlp Code Who incurred the debt? Check one. □ Debtor 1 only	this form to the court with your other schedules. alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent	ncluded in Par ie Continuation	t 1. If more n Page of
□ No. You have nothing to report in this part. Submitted Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2. Ambucare, Inc. Nonpriority Creditor's Name PO Box 664 Bremen, GA 30110 Number Street City State Zlp Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only	this form to the court with your other schedules. alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated	ncluded in Par ie Continuation	t 1. If more n Page of
□ No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2. Ambucare, Inc. Nonpriority Creditor's Name PO Box 664 Bremen, GA 30110 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	this form to the court with your other schedules. alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already it creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed	ncluded in Par ie Continuation	t 1. If more n Page of
No. You have nothing to report in this part. Submitted Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each clathan one creditor holds a particular claim, list the other Part 2. Ambucare, Inc. Nonpriority Creditor's Name PO Box 664 Bremen, GA 30110 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	this form to the court with your other schedules. Palphabetical order of the creditor who holds each claim. If a creditor has more that the case of claim is the count of the creditor who holds each claim. If a creditor has more that the case of claim it is. Do not list claims already it creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the claim in the claim is check all that apply Last 4 digits of account number	ncluded in Par le Continuation Total clair	t 1. If more n Page of
□ No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2. Ambucare, Inc. Nonpriority Creditor's Name PO Box 664 Bremen, GA 30110 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community	this form to the court with your other schedules. alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already is creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	ncluded in Par le Continuation Total clair	t 1. If more n Page of
List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2. Ambucare, Inc. Nonpriority Creditor's Name PO Box 664 Bremen, GA 30110 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	this form to the court with your other schedules. Palphabetical order of the creditor who holds each claim. If a creditor has more that the case of claim is the count of the creditor who holds each claim. If a creditor has more that the case of claim it is. Do not list claims already it creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the claim in the claim is check all that apply Last 4 digits of account number	ncluded in Par le Continuation Total clair	t 1. If more n Page of

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 27 of 72

	Scotie Lyn Hinesley		Case number (if know)			
4.2	Capital One	Last 4 digits of account number	4722	\$2,251.00		
	Nonpriority Creditor's Name 26525 N Riverwoods Blvd. Mettawa, IL 60045	When was the debt incurred?	Opened 03/11			
	Number Street City State Zlp Code	As of the date you file, the claim				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	☐ Yes	■ Other. Specify Charge Acc	count			
4.3	Capital One	Last 4 digits of account number	7055	\$343.00		
	Nonpriority Creditor's Name PO Box 71083	When was the debt incurred?	Opened 09/15			
	Charlotte, NC 28272-1083					
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	·				
	☐ Yes	Other. Specify Credit Card				
4.4	Citibank Sears Nonpriority Creditor's Name	Last 4 digits of account number	2558	\$3,635.00		
	PO Box 6283 Sioux Falls, SD 57117-6283	When was the debt incurred?	Opened 04/14			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	□Yes	Other. Specify Charge Acc				
		- Other. Specify				

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 28 of 72 Debtor 1 TJ Tony Henry Hinesley

Scotie Lyn Hinesley		Case number (if know)				
Citibank/The Home Depot Nonpriority Creditor's Name	Last 4 digits of account number	6720	\$667.00			
PO Box 6497 Sioux Falls, SD 57117	When was the debt incurred?					
Number Street City State Zlp Code	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply				
Who incurred the debt? Check one. Debtor 1 only	Пол					
Debtor 1 only Debtor 2 only	☐ Contingent☐ Unliquidated					
Debtor 2 only Debtor 1 and Debtor 2 only	☐ Uniiquidated ☐ Disputed					
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
☐ Yes	■ Other. Specify Charge Acc	count				
Comenity Capital/Davids Bridal	Last 4 digits of account number	9805	\$1,003.00			
Nonpriority Creditor's Name 1995 W 122nd Avenue Westminster, CO 80234	When was the debt incurred?	Opened 08/14				
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
Who incurred the debt? Check one.						
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated	☐ Unliquidated ☐ Disputed				
Debtor 1 and Debtor 2 only	·					
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
☐ Check if this claim is for a community						
s the claim subject to offset?						
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
☐Yes	■ Other. Specify Charge Acc	count				
Georgia West Imaging	Last 4 digits of account number	9716	\$1,114.00			
Nonpriority Creditor's Name PO Box 116186 Atlanta, GA 30368-6186	When was the debt incurred?					
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
Who incurred the debt? Check one.						
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
☐ Check if this claim is for a community debt	Student loans					
gept Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not				
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
□ Yes	■ Other Specify Medical/he					

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 29 of 72

	TJ Tony Henry Hinesley Scotie Lyn Hinesley	Case number (if know)	
4.8	Independence Emergency Physicians	Last 4 digits of account number 7160	\$1,546.00
I	Nonpriority Creditor's Name PO Box 8087 Philadelphia, PA 19101-8087	When was the debt incurred?	
Ī	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify Medical/health services	
	Jared/Sterling Jewelers	Last 4 digits of account number 7780	\$0.00
;	Nonpriority Creditor's Name 375 Ghent Rd Fairlawn, OH 44333	When was the debt incurred? Opened 10/13	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
,	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notice Only	
4.1	Prohate Count of Haraban County		¢4 725 00
	Probate Court of Haralson County Nonpriority Creditor's Name	Last 4 digits of account number	\$1,735.00
	Haralson County Courthouse PO Box 620	When was the debt incurred?	
	Buchanan, GA 30113	A total total of the development of the second	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Поли	
	Debtor 2 only	☐ Contingent ☐ Unliquidated	
	<u> </u>		
	■ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	Other. Specify Court fines	

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 30 of 72

Scotie Lyn Hinesley	Case number (if know)					
Synchrony Bank/ JC Penneys	Last 4 digits of account number	3777	\$508.0			
Nonpriority Creditor's Name 4125 Windward Plaza	When was the debt incurred?	Opened 11/13				
Alpharetta, GA 30005 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply					
Who incurred the debt? Check one.	• .					
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only						
☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
No	Debts to pension or profit-sharing	ng plans, and other similar debts				
Yes	■ Other. Specify Charge Acc	count				
Synchrony Bank/Amazon	Last 4 digits of account number	4154	\$718.0			
Nonpriority Creditor's Name	When was the debt incurred?	Opened 09/15				
O Box 903013 Orlando, FL 32896	When was the dept incurred:	Opened 09/13				
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply					
Who incurred the debt? Check one.						
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
At least one of the debtors and another		Type of NONPRIORITY unsecured claim: ☐ Student loans				
☐ Check if this claim is for a community	☐ Student loans					
debt s the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
No	Debts to pension or profit-sharing	ng plans, and other similar debts				
Yes	Other. Specify Charge Acc	count				
Synchrony Bank/Care Credit	Last 4 digits of account number	8995	\$465.0			
Nonpriority Creditor's Name PO Box 965036	When was the debt incurred?	Opened 04/14				
Orlando, FL 32896 Number Street City State Zlp Code	As of the date you file, the claim	in Object all that are by				
Who incurred the debt? Check one.	As of the date you me, the claim	в. Спеск ан тат арргу				
☐ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	☐ Disputed					
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Student loans					
debt s the claim subject to offset?		out of a separation agreement or divorce that you did not s				
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
•	· · · · · ·	ccount				

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 31 of 72

Debtor 1 TJ Tony Henry Hinesley Debtor 2 Scotie Lyn Hinesley Case number (if know) 4.1 Synchrony Bank/Lowes 6055 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 965005 When was the debt incurred? Opened 4/10/15 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Notice Only 4.1 Synchrony Bank/Walmart 0555 \$1,848.00 Last 4 digits of account number 5 Nonpriority Creditor's Name PO Box 965024 When was the debt incurred? **Opened 12/14** Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 Synchrony Bank/Walmart 4105 \$1,785.00 Last 4 digits of account number 6 Nonpriority Creditor's Name PO Box 965024 When was the debt incurred? **Opened 12/13** Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 32 of 72

Debtor 1 TJ Tony Henry Hinesley Debtor 2 Scotie Lyn Hinesley Case number (if know) 4.1 **Tanner Medical Center** \$1,200,00 Last 4 digits of account number Nonpriority Creditor's Name 705 Dixie Street When was the debt incurred? Carrollton, GA 30117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical/health services ☐ Yes 4.1 Trac/CBSD 3190 \$0.00 Last 4 digits of account number 8 Nonpriority Creditor's Name PO Box 6497 Opened 4/10/15 When was the debt incurred? Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Notice Only ☐ Yes **United Consumer Financial** 4.1 5538 \$2,121.00 Services Last 4 digits of account number Nonpriority Creditor's Name 865 Bassett Rd. When was the debt incurred? **Opened 12/14** Westlake, OH 44145 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 33 of 72

Debtor 1 TJ Tony Henry Hinesley Debtor 2 Scotie Lyn Hinesley Case number (if know) 4.2 **US Bank** 6537 \$4.975.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 4325 17th Ave S. When was the debt incurred? **Opened 12/14** Fargo, ND 58125 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.2 Wellstar Paulding Hospital \$1,200.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 406166 When was the debt incurred? Atlanta, GA 30384 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical/health services Other, Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Capital One Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 30285 Part 2: Creditors with Nonpriority Unsecured Claims Salt Lake City, UT 84130 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Capital One Retail Services** Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 30257 Part 2: Creditors with Nonpriority Unsecured Claims Salt Lake City, UT 84130-0257 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Citibank Sears Line **4.4** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. ■ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 790040 Saint Louis, MO 63179 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Citibank/The Home Depot Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Official Form 106 E/F

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 34 of 72

Debtor 1 TJ Tony Henry Hinesley Scotie Lyn Hinesley		Case number (if know)
Attn: Bankruptcy Dept. PO Box 790328 Saint Louis, MO 63179		■ Part 2: Creditors with Nonpriority Unsecured Claims
Canti Louis, MO 03173	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?
Comenity Capital/Davids Bridal	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 182125 Columbus, OH 43218		■ Part 2: Creditors with Nonpriority Unsecured Claims
Columbus, 011 43210	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?
Davids Bridal	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 659707		■ Part 2: Creditors with Nonpriority Unsecured Claims
San Antonio, TX 78265-9717	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?
Internal Revenue Service	Line 2.2 of (Check one):	■ Part 1: Creditors with Priority Unsecured Claims
PO Box 7346		☐ Part 2: Creditors with Nonpriority Unsecured Claims
Philadelphia, PA 19101-7346	Last 4 digits of account number	
Name and Address Synchrony Bank/ JC Penneys	On which entry in Part 1 or Part 2 di	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims
PO Box 965064	Line <u>1111</u> of (officer offe).	Part 2: Creditors with Nonpriority Unsecured Claims
Orlando, FL 32896		— Tart 2. Greditors with Northhority offsecured Glaims
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 di	
Synchrony Bank/Amazon PO Box 965064	Line 4.12 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Orlando, FL 32896		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 di	· ·
Synchrony Bank/Care Credit PO Box 965064	Line 4.13 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Orlando, FL 32896		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 die	
Synchrony Bank/Walmart	Line 4.15 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
PO Box 965064 Orlando, FL 32896		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?
Synchrony Bank/Walmart	Line 4.16 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 965064		■ Part 2: Creditors with Nonpriority Unsecured Claims
Orlando, FL 32896	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?
Trac/CBSD	Line 4.18 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 6500		Part 2: Creditors with Nonpriority Unsecured Claims
Sioux Falls, SD 57117	Last 4 digits of account number	
Name and Address	-	d you list the original graditor?
US Bank	On which entry in Part 1 or Part 2 did Line 4.20 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Cardmemeber Services	: (: : ::::::::::::::::::::::::::	Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 790408		and the state of t
St Louis, MO 63179	Last 4 digits of account number	
Part / Add the Amounts for Each Type	a of Unaccured Claim	

art 4: Add the Amounts for Each Type of Unsecured Clain

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 35 of 72

Debtor 1 TJ Tony Henry Hinesley
Debtor 2 Scotie Lyn Hinesley

Case number (if know)

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
rom Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 27,964.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 27,964.00

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main

Fill in this infor	mation to identify your	case:				
Debtor 1	TJ Tony Henry Hi	TJ Tony Henry Hinesley				
	First Name	Middle Name	Last Name			
Debtor 2	Scotie Lyn Hines	ley				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA			
Case number						
(if known)					Check if this is an	
					amended filing	

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.3	City		State	ZIF Code	
2.0	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5	City		Olalo	Zii Oodo	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main

		Docume	ent Page 37 d	of 72
Fill in this i	nformation to identify your	case:		
Debtor 1	TJ Tony Henry Hi	naclay		
Deptor i	First Name	Middle Name	Last Name	
Debtor 2	Scotie Lyn Hines	lev		
(Spouse if, filing		Middle Name	Last Name	
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA	
Case numb	er			Chook if this is an
(ii idiowii)				☐ Check if this is an amended filing
				umonded ming
Official	Form 106H			
		• .		
Schedi	ule H: Your Cod	ebtors		12/15
	and case number (if known) ou have any codebtors? (If			e as a codebtor.
■ No				
☐ Yes				
	in the last 8 years, have you , California, Idaho, Louisiana,			ry? (Community property states and territories include ington, and Wisconsin.)
■ No. 0	Go to line 3.			
☐ Yes.	Did your spouse, former spou	use, or legal equivalent live	e with you at the time?	
			·	
in line : Form 1	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Officia 06G). Use Schedule D, Schedule E/F, or Schedule G to f
	Column 1: Your codebtor	D 0 1		Column 2: The creditor to whom you owe the debt
Na	ame, Number, Street, City, State and Z	P Code		Check all schedules that apply:
3.1				☐ Schedule D, line
	lame			☐ Schedule E/F, line
				☐ Schedule G, line
				D Scriedule G, life
	lumber Street	_		
С	tity	State	ZIP Code	
				D • · · · · • · ·
3.2	lamo			Schedule D, line
N	lame			☐ Schedule E/F, line
				☐ Schedule G, line
N	lumber Street			_
С	lity	State	ZIP Code	

Schedule H: Your Codebtors

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 38 of 72

Fill in this informat	tion to identify your case:	
Debtor 1	TJ Tony Henry Hinesley	
Debtor 2 (Spouse, if filing)	Scotie Lyn Hinesley	
United States Ban	nkruptcy Court for the: NORTHERN DISTRICT OF GEORGIA	
Case number (If known)		Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter
Official Fo	rm 106l	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. ■ Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Drill Operator Dental Assistant** Include part-time, seasonal, or **Diversified Utility Services,** self-employed work. Tajel Kakade, DMD, PC Employer's name LLC Occupation may include student or homemaker, if it applies. **Employer's address** 5371 Cook Road 115 W. Lake Drive Morrow, GA 30260-3696 Carrollton, GA 30117 How long employed there? 1 1/2 years 1 year

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			I	For Debtor 1		Debtor 2 or filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$_	3,856.67	\$	1,592.50
3.	Estimate and list monthly overtime pay.	3.	+\$_	0.00	+\$	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$_	3,856.67	\$	1,592.50

Official Form 106I Schedule I: Your Income page 1

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 39 of 72

Deb Deb	tor 1 tor 2	TJ Tony Henry Hinesley Scotie Lyn Hinesley	_		Case	number (if k	nown)				
					Fo	r Debtor 1			Debtor		
	Cop	by line 4 here	4.		\$	3,85	6.67	\$,592.50	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	58	а.	\$	96	6.33	\$		249.17	7
	5b.	Mandatory contributions for retirement plans	5k	ο.	\$		0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	50	Э.	\$		0.00	\$		0.00	0
	5d.	Required repayments of retirement fund loans	50	d.	\$		0.00	\$		0.00	0
	5e.	Insurance	56	€.	\$_	19	8.77	\$		0.00	0
	5f.	Domestic support obligations	5f		\$_		0.00	\$		0.00	
	5g.	Union dues	50	-	\$_		0.00	\$_		0.00	
	5h.		5h	า.+	\$_		0.00	+ \$		0.00	<u>0</u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	1,16	5.10	\$		249.17	7_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	2,69	1.57	\$	1	,343.3	3_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	a.	\$		0.00	\$		0.00	n
	8b.	•	8k		\$		0.00	\$_		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			\$		0.00	\$		0.00	_
	8d.		80		\$		0.00	\$_		0.00	
	8e.		86		\$		0.00	\$		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f		\$_ \$		0.00 0.00	\$ \$		0.00	
	8g. 8h.	Other monthly income. Specify:	98 88	յ. Դ.+	φ_ \$		0.00	· · —		0.00	
	OII.	Other monthly income. Specify.	⁰¹	I.T F	Ψ_		0.00	ΤΨ_		0.00	<u></u>
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$		0.00	\$		0.0	00
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		2,691.57	+ \$	1,3	343.33	= \$_	4,034.90
11.	Incl othe Do	te all other regular contributions to the expenses that you list in <i>Schedul</i> ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are noticify:	ır dep			. •		·		e J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certailies							12.	\$	4,034.90
13.	Do	you expect an increase or decrease within the year after you file this form	n?							Comb month	ined nly income
		No.									

E111 1	n this informa	ition to identify yo	ur oooo:			1				
		•								
Debtor 1 TJ Tony Henry Hinesley					Check if this is: An amended filing					
Debt	or 2	Scotie Lyn H	ineslev					_	wing postpetition chap	oter
(Spo	use, if filing)	<u>, </u>					13	3 expenses as of	the following date:	
Unite	ed States Bankı	ruptcy Court for the:	NORTH	IERN DISTRICT OF GEO	RGIA		М	M / DD / YYYY		
	e number nown)									
Of	ficial Fo	rm 106J								
Sc	hedule	J: Your E	Exper	ses						12/1
Be a	as complete rmation. If m	and accurate as	possible. eded, atta	. If two married people and change in the change is the change in the change is the change in the change in the change is the change in the change is the change in the change in the change in the change is the change in the change in the change is the change in the change in the change is the change in the change in the change in the change is the change in the ch						
Part		ribe Your House	hold							
1.	Is this a joir ☐ No. Go to									
		es Debtor 2 live i	n a senar:	ate household?						
	_ 100. D 00		a copai							
		-	t file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of De	ebtoı	r 2.		
2.	Do you have	e dependents?	□ No							
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation			Dependent's age	Does dependent live with you?	
	Do not state dependents				Daughter			8 months	□ No ■ Yes	
									□ No □ Yes	
									□ No	
									☐ Yes	
									□ No □ Yes	
3.	expenses o	penses include f people other th	nan $_{f \Box}$	No Yes					L 163	
	yourself and	d your depender	nts? —	100						
expe	mate your ex		ur bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp						
				government assistance i						
	icial Form 10		a nave mo	ilided it on <i>Schedule I.</i>	rour income		_	Your exp	enses	
4.	The rental of payments ar	or home ownershind any rent for the	hip expen e ground o	ses for your residence. I	nclude first mortgage	e 4.	\$		388.57	
	If not include	led in line 4:								
	4a. Real e	estate taxes				4a.	\$		58.33	
		rty, homeowner's				4b.			55.00	
		maintenance, re owner's associati				4c. 4d.	٠.		100.00	
5.				oominium dues our residence, such as ho	me equity loans		\$		0.00	

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 41 of 72

	IJ Tony Henry Hinesley			
btor 2	Scotie Lyn Hinesley Control Co	Case num	nber (if known)	
Utilitie	e·			
	S. Electricity, heat, natural gas	6a.	\$	275.00
	Nater, sewer, garbage collection	6b.	·	20.00
	Telephone, cell phone, Internet, satellite, and cable services	6c.		315.00
	Other. Specify: Security System	6d.	·	40.00
	and housekeeping supplies	— _{7.}		650.00
	are and children's education costs	8.	·	300.00
	ng, laundry, and dry cleaning	9.	·	100.00
	nal care products and services	10.		60.00
	al and dental expenses	11.	·	100.00
	portation. Include gas, maintenance, bus or train fare.			100.00
	include car payments.	12.	\$	250.00
Enterta	ainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
Charita	able contributions and religious donations	14.	\$	0.00
Insura	nce.			
	include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	*	0.00
	Health insurance	15b.	· : ———	0.00
	Vehicle insurance	15c.	·	270.00
	Other insurance. Specify:	15d.	\$	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.	4.0	•	
Specify		16.	\$	0.00
	ment or lease payments: Car payments for Vehicle 1	17a.	c	E00.00
	Car payments for Vehicle 2	17a. 17b.	·	500.00
	·		*	300.00
	Other. Specify: Other. Specify:	17c. 17d.	·	0.00
	payments of alimony, maintenance, and support that you did not report as	17u.	Φ	0.00
	ted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
	payments you make to support others who do not live with you.		\$	0.00
Specify	• • • • • • • • • • • • • • • • • • • •	19.		
Other	real property expenses not included in lines 4 or 5 of this form or on Sched	lule I: Yo	our Income.	
20a. I	Mortgages on other property	20a.	\$	0.00
20b. I	Real estate taxes	20b.	\$	0.00
20c. I	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d. I	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. I	Homeowner's association or condominium dues	20e.	\$	0.00
Other:	Specify: Pet care and supplies	21.	+\$	80.00
	and's probation fines	_	+\$	170.00
	•			
	ate your monthly expenses			4 004 00
	dd lines 4 through 21.		\$	4,031.90
	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Ad	dd line 22a and 22b. The result is your monthly expenses.		\$	4,031.90
Calcul	ate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,034.90
	Copy your monthly expenses from line 22c above.	23b.		4,031.90
200.	oop, jour monthly oxponous nom the 220 above.	200.		4,031.30
23c. S	Subtract your monthly expenses from your monthly income.			
	The result is your monthly net income.	23c.	\$	3.00
	•			
	ı expect an increase or decrease in your expenses within the year after you			
	mple, do you expect to finish paying for your car loan within the year or do you expect your n ation to the terms of your mortgage?	nortgage	payment to incre	ease or decrease because of
_				
■ No.				
— No.				

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 42 of 72

Fill in this inform	nation to identify your	case:		
Debtor 1	TJ Tony Henry Hi	inesley		
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, filing)	Scotie Lyn Hines First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	NORTHERN DIS	TRICT OF GEORGIA	
Case number				
(if known)				☐ Check if this is an amended filing
Official For		n for Indiv	viduals Filing Under Chapte	er 7 12/15
	vidual filing under cha claims secured by yo	-	ll out this form if:	
You must file this	ver is earlier, unless th	ithin 30 days after	oot expired. you file your bankruptcy petition or by the date se e time for cause. You must also send copies to the	
	ople are filing togethe	r in a joint case, bo	oth are equally responsible for supplying correct in	formation. Both debtors must
	and accurate as possib our name and case nur		s needed, attach a separate sheet to this form. On	the top of any additional pages,
Part 1: List Yo	our Creditors Who Hav	e Secured Claims		
			c Creditors Who Have Claims Secured by Property	(Official Form 106D) fill in the
information be	low.			
identify the cre	editor and the property t	nat is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's 1s	st Franklin		☐ Surrender the property.☐ Retain the property and redeem it.	□ No
	Personal Loan		☐ Retain the property and enter into a	■ Yes
property	i ersonai Loan		Reaffirmation Agreement. Retain the property and [explain]:	
securing debt:			avoid lien using 11 U.S.C. § 522(f)	_
Creditor's M	ar Distribution, Inc.		☐ Surrender the property.	□ No
name:	,		☐ Retain the property and redeem it.	
Description of	8340 US Highway	78 Bremen,	☐ Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property securing debt:	GA 30110 Haralso	on County	Retain the property and [explain]: Retain and pay	_
Creditor's T [D Auto Finance		☐ Surrender the property.	□No
name:			Retain the property and redeem it.	■ Yes
Description of	2015 Jeep Cherok	ee Latitude	Retain the property and enter into a Reaffirmation Agreement.	■ res
property	16,000 miles		☐ Retain the property and [explain]:	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 43 of 72

Debtor Debtor		Case number (if known)	
secu	uring debt:		-
Cred	ditor's Wells Fargo Dealer Services e:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
prop	cription of 2007 Chevrolet Silveradeo Z71 168,000 miles uring debt:	■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]:	■ Yes
Part 2:			
in the i	nformation below. Do not list real estate leases. Ur	in Schedule G: Executory Contracts and Unexpired nexpired leases are leases that are still in effect; the the trustee does not assume it. 11 U.S.C. § 365(p)(2	lease period has not yet ended.
Descri	be your unexpired personal property leases		Will the lease be assumed?
	's name: ption of leased		□ No
Proper	ty:		☐ Yes
	's name: ption of leased		□ No
Proper	ty:		☐ Yes
	's name:		□ No
Descrip Proper	ption of leased ty:		☐ Yes
	's name:		□ No
Descrip Proper	ption of leased ty:		☐ Yes
	's name:		□ No
Descrip Proper	ption of leased ty:		☐ Yes
	's name:		□ No
Descrip Proper	ption of leased ty:		☐ Yes
	's name:		□ No
Descrip Proper	ption of leased ty:		☐ Yes
Part 3:	Sign Below		
Under p		y intention about any property of my estate that sec	cures a debt and any personal
χ /s	s/ TJ Tony Henry Hinesley	X /s/ Scotie Lyn Hinesley	
T	J Tony Henry Hinesley ignature of Debtor 1	Scotie Lyn Hinesley Signature of Debtor 2	
D	ate	Date	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main

ation to identify your	case:	··· · · · · · · · · · · · · · · · · ·	
TJ Tony Henry Hi			
First Name	Middle Name	Last Name	
Scotie Lyn Hines	ley		
First Name	Middle Name	Last Name	
kruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA	
			☐ Check if this is an amended filing
	TJ Tony Henry Hi First Name Scotie Lyn Hines First Name	TJ Tony Henry Hinesley First Name Middle Name Scotie Lyn Hinesley First Name Middle Name	TJ Tony Henry Hinesley First Name Middle Name Last Name Scotie Lyn Hinesley First Name Middle Name Last Name

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as Value o	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	50,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	29,678.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	79,678.00
Pa	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	66,442.99
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	27,964.00
	Your total liabilities	\$	94,406.99
Pa	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,034.90
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,031.90
Pa:	Answer These Questions for Administrative and Statistical Records		
5.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
7.	■ Yes What kind of debt do you have?		

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 45 of 72

Debtor 1 TJ Tony Henry Hinesley
Scotie Lyn Hinesley

Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

5,469.62

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	l claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 46 of 72

Fill in this info	rmation to identify your	caso:			
Debtor 1	TJ Tony Henry Hi	inesley Middle Name	Last Name		
Debtor 2	Scotie Lyn Hines		Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA		
Case number					
(if known)					neck if this is an nended filing
If two married p	tion About a	r, both are equally respor	Debtor's Sch		12/15
years, or both. 1	y of property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below	519, and 3571.	ruptcy case can result in ii	ines up to \$250,000, or impriso	niment for up to 20
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out banl	kruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bankruptcy Petitio Declaration, and Signatur	•
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules filed w	rith this declaration and	
X /s/TJ	Tony Henry Hinesley		X /s/ Scotie Lyn	n Hinesley	
TJ To	ny Henry Hinesley		Scotie Lyn Hi	inesley	
Signatu	ure of Debtor 1		Signature of Del	btor 2	
Date	July 22, 2016		Date July 22		

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 47 of 72

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Georgia

In	TJ Tony Henry Hinesley re Scotie Lyn Hinesley	Case No.		
	Debtor(s)	Chapter	7	
1.	DISCLOSURE OF COMPENSATION OF A Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am		` ,	that
1.	compensation paid to me within one year before the filing of the petition in bar be rendered on behalf of the debtor(s) in contemplation of or in connection with	nkruptcy, or agreed to be pain the bankruptcy case is as f	d to me, for service	
	For legal services, I have agreed to accept		1,200.00	
	Prior to the filing of this statement I have received	\$	1,200.00	
	Balance Due	\$	0.00	
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed compensation with any other	er person unless they are men	nbers and associate	es of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or copy of the agreement, together with a list of the names of the people share			ny law firm. A
5.	In return for the above-disclosed fee, I have agreed to render legal service for	all aspects of the bankruptcy	case, including:	
	 a. Analysis of the debtor's financial situation, and rendering advice to the deb b. Preparation and filing of any petition, schedules, statement of affairs and pl c. Representation of the debtor at the meeting of creditors and confirmation h 	an which may be required;	-	ankruptcy;
	d. [Other provisions as needed]			
	Exemption planning; preparation and filing of reaffirmation and filing of motions pursuant to 11 USC 522(f)(2)(A) for a			d; preparation
6.	By agreement with the debtor(s), the above-disclosed fee does not include the a) Motion to Retain	following service:		
	b) Amend or Modify Schedules			
	c) Plan Modification d) Objection to Claim			
	e) Resolving Motion for Relief from Stay			
	f) Motion to Suspend or Excuse Plan Payments			
	g) Motion to Sell Property h) Motion to Compromise Claim			
	i) Application to Employ Professional			
	j) Motion to Incur/Refinance			
	k) Resolution of Motion to Dismissl) Resolving Creditor or Trustee Motions to Modify			
	m) Resolving Trustee Motion to Convert Case			
	n) Motion to Sever or Dismiss as to one Joint Debtor			
	 o) Motion to Reopen or Vacate Dismissal Order p) Motion to Reimpose Stay 			
	q) Adversary Proceedings			

r) Motion for avoidance of judicial liens

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 48 of 72

In re	TJ Tony Henry Hinesley Scotie Lyn Hinesley		Case No.	
		Debtor(s)		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

	CERTIFICATION
I certify that the foregoing is a complete sthis bankruptcy proceeding.	statement of any agreement or arrangement for payment to me for representation of the debtor(s) is
July 22, 2016	/s/ Charles E. Nye
Date	Charles E. Nye 521322
	Signature of Attorney
	Jack F. Witcher
	601 Pacific Avenue
	P.O. Drawer 1330
	Bremen, GA 30110
	(770) 537-5848 Fax: (770) 537-3899
	cnye@jwitcher.com `
	Name of law firm

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 49 of 72

United States Bankruptcy Court Northern District of Georgia

In re	TJ Tony Henry Hinesley Scotie Lyn Hinesley		Case No.	
		Debtor(s)	Chapter	7
	VERIFI	CATION OF CREDITOR	MATRIX	
The abo	ove-named Debtors hereby verify that t	he attached list of creditors is true and	correct to the best	of their knowledge.
Date:	July 22, 2016	/s/ TJ Tony Henry Hinesley TJ Tony Henry Hinesley Signature of Debtor		
Date:	July 22, 2016	/s/ Scotie Lyn Hinesley Scotie Lyn Hinesley		

Signature of Debtor

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 53 of 72

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 54 of 72

Fill in this in	formation to identify your case:		Che	eck one box only as o	directed	in this form and i	in Form
Debtor 1	TJ Tony Henry Hinesley		122	2A-1Supp:			
Debtor 2	Scotie Lyn Hinesley			☐ 1. There is no pres	umption	a of abuse	
(Spouse, if filing			_	<u>_</u>	·		
United State	es Bankruptcy Court for the: Northern District of	Georgia		2. The calculation			•
				applies will be r Calculation (Of		nder <i>Chapter 7 M</i> rm 122A-2).	eans Test
Case numb	er			☐ 3. The Means Tes		,	sauco of
()			'			e but it could app	
				☐ Check if this is a	an ame	nded filina	
Official	Form 122A - 1			_		g	
		rant Mai	nthly Inc	omo			4044
Chapte	er 7 Statement of Your Cur	rent wo	ntmly inc	ome			12/15
attach a sepa case number qualifying mi	ete and accurate as possible. If two married people a trate sheet to this form. Include the line number to w (if known). If you believe that you are exempted from litary service, complete and file Statement of Exempted in the statement of Exempted	hich the additio n a presumptior	nal information a of abuse because	pplies. On the top of a se you do not have pri	ny addit marily co	ional pages, write onsumer debts or	your name and because of
Part 1:	Calculate Your Current Monthly Income						
	is your marital and filing status? Check one on	ly.					
☐ Not	t married. Fill out Column A, lines 2-11.						
■ Ma	rried and your spouse is filing with you. Fill ou	t both Columns	s A and B, lines	2-11.			
☐ Ma	rried and your spouse is NOT filing with you.	You and your	spouse are:				
ا 🗆 د	iving in the same household and are not lega	lly separated.	Fill out both Col	umns A and B, lines	2-11.		
	Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading.	egally separate	d under nonban	kruptcy law that appli	es or th		
101(10A). the 6 mon	average monthly income that you received from all a For example, if you are filing on September 15, the 6-m ths, add the income for all 6 months and divide the total win the same rental property, put the income from that p	onth period would by 6. Fill in the re	d be March 1 throusuit. Do not include	igh August 31. If the am le any income amount m	ount of your	our monthly income nonce. For example	e varied during e, if both
				Column A	Colu	mn B	
				Debtor 1		or 2 or filing spouse	
2 Your o	gross wages, salary, tips, bonuses, overtime,	and commissi	ons (hefore all		11011-	illing spouse	
	I deductions).	and commissi	ons (before an	\$ 3,921.88	\$	1,547.74	
	ny and maintenance payments. Do not include in B is filled in.	payments from	a spouse if	\$ 0.00	\$	0.00	
of you from a and ro	nounts from any source which are regularly part or your dependents, including child support. In unmarried partner, members of your household ommates. Include regular contributions from a spn. Do not include payments you listed on line 3.	Include regula, your depende	r contributions ents, parents,	\$ 0.00	\$	0.00	
	come from operating a business, profession,	or farm		·	· 		
	, and a second of the second o		otor 1				
Gross	receipts (before all deductions)	\$ 0.00					
Ordina	ary and necessary operating expenses	-\$ 0.00					
Net mo	onthly income from a business, profession, or farr	0.00	Copy here ->	\$ 0.00	\$	0.00	
6. Net in	come from rental and other real property						
			otor 1				
Gross	receipts (before all deductions)	\$ 0.00					
Ordina	ary and necessary operating expenses	-\$ 0.00					
Net mo	onthly income from rental or other real property	\$0.00	Copy here ->	\$	\$	0.00	

Official Form 122A-1

7. Interest, dividends, and royalties

0.00

0.00

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 55 of 72

TJ Tony Henry Hinesley Debtor 1 **Scotie Lyn Hinesley** Debtor 2 Case number (if known) Column B Column A Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you 0.00 For your spouse Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 \$ 11. Calculate your total current monthly income. Add lines 2 through 10 for 3,921.88 1,547.74 5,469.62 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 5,469.62 Multiply by 12 (the number of months in a year) **x** 12 65,635.44 12b. The result is your annual income for this part of the form 12h. 13. Calculate the median family income that applies to you. Follow these steps: GA Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 58,308.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sian Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ TJ Tony Henry Hinesley X /s/ Scotie Lyn Hinesley **TJ Tony Henry Hinesley** Scotie Lyn Hinesley Signature of Debtor 1 Signature of Debtor 2 Date July 22, 2016 Date July 22, 2016 MM / DD / YYYY MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main

		Do	cument Page 56 of 72
Fill	in this informa	ation to identify your case:	Check the appropriate box as directed in
Del	otor 1 TJ	Tony Henry Hinesley	lines 40 or 42:
Del	otor 2 Sc	otie Lyn Hinesley	According to the calculations required by this Statement:
Uni		ruptcy Court for the: Northern Distric	of Georgia ■ 1. There is no presumption of abuse. □ 2. There is a presumption of abuse.
Case number(if known)			
			☐ Check if this is an amended filing
		<u>n 122A - 2</u>	
Cr	napter 7 I	Means Test Calculati	on 04/
		vrite your name and case number (if nine Your Adjusted Income	nown).
1.	Copy your tot	tal current monthly income.	Copy line 11 from Official Form 122A-1 here=> \$ 5,469.62
2.	Did you fill ou	ut Column B in Part 1 of Form 122A-	?
	☐ No. Fill in	\$0 for the total on line 3.	
	•	ur spouse Filing with you?	
	□ No.	Go to line 3.	
	■ Yes.	Fill in \$0 for the total on line 3.	
3.	Adjust your c	current monthly income by subtracting supersections of you or your dependents.	g any part of your spouse's income not used to pay for the ollow these steps:
	On line 11. Co	Jump B of Form 122A_1 was any amo	nt of the income you reported for your spouse NOT regularly used for the household

■ No. Fill in 0 for the total on line 3. ☐ Yes. Fill in the information below:

State each purpose for which the income was used

Adjust your current monthly income. Subtract line 3 from line 1.

support other than you or your dependents.

For example, the income is used to pay your spouse's tax debt or to

Total.

0.00 Copy total here=>... - \$

Fill in the amount you are subtracting from

your spouse's income

\$ ____

0.00

5,469.62 \$

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 57 of 72

btor 2	Scotie Lyn Hinesley		Case number (if	known)	
art 2:	Calculate Your Deductions from Your Income				
to a	Internal Revenue Service (IRS) issues National and Inswer the questions in lines 6-15. To find the IRS staructions for this form. This information may also be a suct the expense amounts set out in lines 6-15 regardless	ndards, go online available at the ban	using the link specific kruptcy clerk's office	ed in the separate	
your	actual expenses if they are higher than the standards. Dome in line 3 and do not deduct any operating expenses the	o not deduct any ar	nounts that you subtrac	ted fro your spouse's	
If yo	ur expenses differ from month to month, enter the average	ge expense.			
Whe	enever this part of the from refers to you, it means both you	ou and your spouse	if Column B of Form 12	22A-1 is filled in.	
5.	The number of people used in determining your ded	luctions from inco	ne		
	Fill in the number of people who could be claimed as explus the number of any additional dependents whom yo the number of people in your household.				
Nati	onal Standards You must use the IRS National	I Standards to answ	er the questions in line	s 6-7.	
6. 7.	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number of dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care.	d other items. per of people you en	tered in line 5 and the I	\$_ RS National Standard	
	people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional transfer of the second	a higher IRS allows	nce for health care cos		
Peo	ple who are under 65 years of age				
	7a. Out-of-pocket health care allowance per person	\$54			
	7b. Number of people who are under 65	X3			
	7c. Subtotal. Multiply line 7a by line 7b.	\$162.00	Copy here=>	\$162.00	
Peo	ple who are 65 years of age or older				
	7d. Out-of-pocket health care allowance per person	\$130			
	7e. Number of people who are 65 or older	X0			
	7f. Subtotal. Multiply line 7d by line 7e.	\$	Copy here=>	+\$	
	7g. T otal. Add line 7c and line 7f		\$162.00	Copy total here=>	\$162.00

TJ Tony Henry Hinesley

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 58 of 72

Debtor 1 TJ Tony Henry Hinesley
Scotie Lyn Hinesley

Case number (if known)

	Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:							
	ing and utilities - Insurance and operating expenses ing and utilities - Mortgage or rent expenses							
To answ	er the questions in lines 8-9, use the U.S. Trustee Pro	ogram chart.						
	ne chart, go online using the link specified in the separate rt may also be available at the bankruptcy clerk's office.	instructions for this form.						
8. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses								
9. Ho u	using and utilities - Mortgage or rent expenses:							
9a.	Using the number of people you entered in line 5, fill in listed for your county for mortgage or rent expenses		\$	798.00				
9b.	Total average monthly payment for all mortgages and o	ther debts secured by your ho	me.					
To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.								
	Name of the creditor	Average monthly payment						

	Total average monthly payment	\$ 388.57	Copy here=>	-\$	388.57	amount on line 33a.
9c.	Net mortgage or rent expense.					

\$

388.57

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0.

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

\$ 409.43 Copy here=> \$ 409.43

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 0.00

Repeat this

Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

☐ 1. Go to line 12.

■ 2 or more. Go to line 12.

Mar Distribution, Inc.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 440.00

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 59 of 72

Debtor 1 Debtor 2		eny Henry Hinesley e Lyn Hinesley				Case numbe	er (if known)		
13.	You may		pense: Using the IRS Local if you do not make any loan						
Vel	nicle 1	Describe Vehicle 1:	2015 Jeep Cherokee La	atitude 16,	,000 miles				
13a.	Ownersh	ip or leasing costs using	g IRS Local Standard			\$	471.00		
13b.	Average	monthly payment for al	debts secured by Vehicle 1.						
	Do not in	clude costs for leased v	vehicles.						
	are contr		y payment here and on line ocured creditor in the 60 mont			at			
	Nan	ne of each creditor for	Vehicle 1	Average payment	monthly				
	TD	Auto Finance		\$	500.00				
		Total A	verage Monthly Payment	\$	500.00	Copy here =>	-\$500	Repeat this amount on line 33b.	
		cle 1 ownership or lease line 13b from line 13a. Describe Vehicle 2:	e expense If this amount is less than \$0 2007 Chevrolet Silverae		68.000 mil	\$	0.00	Copy net Vehicle 1 expense here => \$	0.00
13d	Ownersh	in or leasing costs using	g IRS Local Standard				471.00		
		monthly payment for all	debts secured by Vehicle 2.				471.00		
	Nan	ne of each creditor for	Vehicle 2	Average payment	monthly				
	We	lls Fargo Dealer Se	rvices	\$	300.00				
		Total A	verage Monthly Payment	\$	300.00	Copy here => -\$	300.0	Repeat this amount on line 33c.	
13f.		cle 2 ownership or lease line 13e from line 13d.	e expense if this amount is less than \$0	, enter \$0		. \$	171.00	Copy net Vehicle 2 expense here => \$	171.00
14.			: If you claimed 0 vehicles in ce regardless of whether you				dards, fill in the	Public \$	0.00
15.	also dedu	uct a public transportati	on expense: If you claimed to on expense, you may fill in wall standard for <i>Public Trans</i> ,	hat you beli					0.00

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 60 of 72

Debtor 1 Debtor 2 TJ Tony Henry Hinesley Scotie Lyn Hinesley Case number (if known)

Oth	Nasaasaw Esmanasa		f	
Oth		In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	ЮГ	
16.	self-employment taxes, social your pay for these taxes. Ho	nount that you will actually owe for federal, state and local taxes, such as income taxes, all security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12 am the total monthly amount that is withheld to pay for taxes.		
	Do not include real estate, sa	ales, or use taxes.	\$	1,254.80
17.	Involuntary deductions: The contributions, union dues, and	ne total monthly payroll deductions that your job requires, such as retirement and uniform costs.		
	Do not include amounts that	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
18.	filing together, include paym	onthly premiums that you pay for your own term life insurance. If two married people are ents that you make for your spouse's term life insurance. Do not include premiums for life hts, for a non-filing spouse's life insurance, or for any form of life insurance other than	\$	0.00
19.		The total monthly amount that you pay as required by the order of a court or as spousal or child support payments.		
	Do not include payments on	past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	_	ly amount that you pay for education that is either required:		
	as a condition for your job	o, or		
	for your physically or mer	ntally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthly	y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	Do not include payments for	any elementary or secondary school education.	\$	300.00
22.	that is required for the health	enses, excluding insurance costs: The monthly amount that you pay for health care and welfare of you or your dependents and that is not reimbursed by insurance or paid. Include only the amount that is more than the total entered in line 7.		
	Payments for health insuran	ce or health savings accounts should be listed only in line 25.	\$	0.00
23.	for you and your dependents	lephone services: The total monthly amount that you pay for telecommunication services s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of d by your employer.		
	. ,	basic home telephone, internet and cell phone service. Do not include self-employment ported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	100.00
24.	Add all of the expenses all Add lines 6 through 23.	owed under the IRS expense allowances.	\$	4,695.23

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 61 of 72

Debtor 1 Debtor 2 TJ Tony Henry Hinesley Scotie Lyn Hinesley Case number (if known)

Additional Expense Deductions These are additional deductions allowed by the Means Test.							
		Note: Do not include	e any expe	nse allowances	listed in lines 6-24.		
25.	25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, o your dependents.						
	Health	insurance	\$	198.75			
	Disabili	ity insurance	\$	0.00			
	Health	savings account	+ \$	0.00			
	Total		\$	198.75	Copy total here=>	\$\$	198.75
	Do you	actually spend this total amount?					
	_	No. How much do you actually spend? Yes	\$				
26.	Continucontinucyour ho	nued contributions to the care of household the to pay for the reasonable and necessary capusehold or member of your immediate family to contributions to an account of a qualified ABL	or family re and supp who is una	port of an elderl ble to pay for su	y, chronically ill, or disabled member of uch expenses. These expenses may	\$	0.00
27.	. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.						
	By law, the court must keep the nature of these expenses confidential.					\$	0.00
28.	28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.						
	If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.						
		ust give your case trustee documentation of your claimed is reasonable and necessary.	our actual e	expenses, and y	ou must show that the additional	\$	0.00
29.	19. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.						
		ust give your case trustee documentation of yo d is reasonable and necessary and not already					
	* Subje	ect to adjustment on 4/01/19, and every 3 years	s after that	for cases begui	n on or after the date of adjustment.	\$	0.00
30.	30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.						
		a chart showing the maximum additional allow tions for this form. This chart may also be avai		•	•		
	You mu	ust show that the additional amount claimed is	reasonabl	e and necessar	у.	\$	0.00
31.		uing charitable contributions. The amount to the amount to a religious or charitable organization.			ntribute in the form of cash or financial	+\$	0.00
32.	32. Add all of the additional expense deductions. Add lines 25 through 31.					\$	198.75

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 62 of 72

Debtor 1 Debtor 2 TJ Tony Henry Hinesley Scotie Lyn Hinesley Case number (if known)

Dedu	Deductions for Debt Payment							
	33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.							
	To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.							
	Mortgages on your home:					verage monthly ayment		
33a.	Copy line 9b here				=> \$	388.57		
	Loans on your first two vehicles:							
33b.	Copy line 13b here			:	=> \$	500.00		
33c.	Copy line 13e here			:	=> \$	300.00		
33d.	List other secured debts:							
Name	of each creditor for other secured debt	Identify property that secures the debt		Does paymen include taxes insurance?				
				□ No				
-	-NONE-			☐ Yes	\$			
				□ No				
				☐ Yes	\$			
-				-				
				□ No				
-				_	+ \$			
33e.	Total average monthly payment. Add I	ines 33a through 33d	\$	1,188.57	Copy total here=>	, \$ 1,188.57		
		secured by your primary residence, a vehicuport or the support of your dependents?	cle,					
	 No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below. 							
Name	ne of the creditor	Identify property that secures the debt		Total cure amount		Monthly cure amount		
-NO	ONE-		\$	3	÷ 60 = \$	3		
		Tota	al \$	0.00	Copy total here=>	. \$0.0		
	35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.							
	No. Go to line 36.							
	Yes. Fill in the total amount of all of ongoing priority claims, such a	these priority claims. Do not include current or s those you listed in line 19.						
	Total amount of all past-due p	priority claims	\$	0.00	÷ 60 =	\$0.0		

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Page 63 of 72 Document

Debtor 1 Scotie Lyn Hinesley Debtor 2 Case number (if known) 36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e). For more information, go online using the link for Bankruptcy Basics specified in the separate instructions for this form. Bankruptcy Basics may also be available at the bankruptcy clerk's office. ■ No. Go to line 37. ☐ Yes. Fill in the following information. Projected monthly plan payment if you were filing under Chapter 13 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense if you were filing under Chapter 13 1,188.57 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 4.695.23 expense allowances Copy line 32, All of the additional expense deductions 198.75 Copy line 37, All of the deductions for debt payment 1,188.57 6.082.55 6.082.55 Total deductions Copy total here.....=> \$ Part 3: Determine Whether There is a Presumption of Abuse 39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income 5,469.62 39b. Copy line 38, Total deductions 6,082.55 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Copy -612.93 -612.93 Subtract line 39b from line 39a here=>\$ x 60 For the next 60 months (5 years) Copy -36,775.80 -36.775.80 39d. Total. Multiply line 39c by 60 39d. here=> 40. Find out whether there is a presumption of abuse. Check the box that applies: ■ The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. ☐ The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5. ☐ The line 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41. *Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.

TJ Tony Henry Hinesley

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 64 of 72

Debtor 1 Debtor 2	TJ Tony Henry Hinesley Scotie Lyn Hinesley			Case number (if known)					
41.	41a.	Fill in the amount of your total nonpriority unsecured deb A Summary of Your Assets and Liabilities and Certain Statistic Schedules (Official Form 106Sum), you may refer to line 3b or	ical	l Information	\$ x .25				
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. §	70	7(b)(2)(A)(i)(I)	\$	Copy here=>	\$		
		Multiply line 41a by 0.25							
25	% of y	ne whether the income you have left over after subtracting your unsecured, nonpriority debt. ne box that applies:	all	allowed dedu	ctions is enough to pay	y			
		39d is less than line 41b. On the top of page 1 of this form, cho Part 5.	hec	ck box 1, There	is no presumption of abo	use.			
		39d is equal to or more than line 41b. On the top of page 1 oumption of abuse. You may fill out Part 4 if you claim special circ							
Part 4:	Giv	ve Details About Special Circumstances							
		ve any special circumstances that justify additional expens	ses	or adjustment	ts of current monthly ir	ncome f	or which there is no		
reas	onable	e alternative? 11 U.S.C. § 707(b)(2)(B).							
	lo. Go	o to Part 5.							
□ Y		Il in the following information. All figures should reflect your aver m. You may include expenses you listed in line 25.	rag	ge monthly expe	ense or income adjustme	nt for ea	ach		
	ne	ou must give a detailed explanation of the special circumstances accessary and reasonable. You must also give your case trustee ljustments.							
	G	Give a detailed explanation of the special circumstances			erage monthly expense income adjustment	Э			
				\$	3				
	=								
	_ 				-				
Part 5:	_	gn Below gning here, I declare under penalty of perjury that the information		on this stateme	nt and in any attachmen	te ie true	and correct		
	-					is is live	and correct.		
		/ TJ Tony Henry Hinesley J Tony Henry Hinesley	Х	/s/ Scotie Lyn H					
		gnature of Debtor 1		Signature of D	ebtor 2				
Da	ate Ju		ite	July 22, 201	6	_			
	M	M/DD/YYYY		MM / DD / YY	YY				

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 65 of 72

Debtor 1 Debtor 2 TJ Tony Henry Hinesley
Scotie Lyn Hinesley
Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2016 to 06/30/2016.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment Income

Income by Month:

6 Months Ago:	01/2016	\$2,727.00
5 Months Ago:	02/2016	\$4,807.50
4 Months Ago:	03/2016	\$4,441.50
3 Months Ago:	04/2016	\$3,276.00
2 Months Ago:	05/2016	\$4,467.75
Last Month:	06/2016	\$3,811.50
	Average per month:	\$3,921.88

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 66 of 72

Debtor 1 Debtor 2 TJ Tony Henry Hinesley
Scotie Lyn Hinesley
Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 01/01/2016 to 06/30/2016.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment Income

Year-to-Date Income:

Total Year-to-Date Income: \$9,286.46 from check dated 6/30/2016.

Average Monthly Income: \$1,547.74.

1st Franklin PO Box 1095 Carrollton, GA 30117

Ambucare, Inc. PO Box 664 Bremen, GA 30110

Capital One 26525 N Riverwoods Blvd. Mettawa, IL 60045

Capital One PO Box 71083 Charlotte, NC 28272-1083

Capital One PO Box 30285 Salt Lake City, UT 84130

Capital One Retail Services PO Box 30257 Salt Lake City, UT 84130-0257

Citibank Sears PO Box 6283 Sioux Falls, SD 57117-6283

Citibank Sears Attn: Bankruptcy Dept. PO Box 790040 Saint Louis, MO 63179

Citibank/The Home Depot PO Box 6497 Sioux Falls, SD 57117 Citibank/The Home Depot Attn: Bankruptcy Dept. PO Box 790328 Saint Louis, MO 63179

Comenity Capital/Davids Bridal 995 W 122nd Avenue Westminster, CO 80234

Comenity Capital/Davids Bridal PO Box 182125 Columbus, OH 43218

Davids Bridal PO Box 659707 San Antonio, TX 78265-9717

Georgia Department of Revenue Bankruptcy Section PO Box 161108 Atlanta, GA 30321

Georgia West Imaging PO Box 116186 Atlanta, GA 30368-6186

Independence Emergency Physicians PO Box 8087 Philadelphia, PA 19101-8087

Internal Revenue Service Room 400-Stop 334D -Insolvency 401 West Peachtree St., NW Atlanta, GA 30308

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 Jared/Sterling Jewelers 375 Ghent Rd Fairlawn, OH 44333

Mar Distribution, Inc. 1670 Stripling Chapel Drive Carrollton, GA 30116

Probate Court of Haralson County Haralson County Courthouse PO Box 620 Buchanan, GA 30113

Synchrony Bank/ JC Penneys 4125 Windward Plaza Alpharetta, GA 30005

Synchrony Bank/ JC Penneys PO Box 965064 Orlando, FL 32896

Synchrony Bank/Amazon PO Box 965015 Orlando, FL 32896

Synchrony Bank/Amazon PO Box 965064 Orlando, FL 32896

Synchrony Bank/Care Credit PO Box 965036 Orlando, FL 32896

Synchrony Bank/Care Credit PO Box 965064 Orlando, FL 32896

Synchrony Bank/Lowes PO Box 965005 Orlando, FL 32896

Synchrony Bank/Walmart PO Box 965024 Orlando, FL 32896

Synchrony Bank/Walmart PO Box 965064 Orlando, FL 32896

Tanner Medical Center 705 Dixie Street Carrollton, GA 30117

TD Auto Finance 2777 Franklin Rd. Farmington Hills, MI 48334

Trac/CBSD PO Box 6497 Sioux Falls, SD 57117

Trac/CBSD PO Box 6500 Sioux Falls, SD 57117

United Consumer Financial Services 865 Bassett Rd. Westlake, OH 44145

US Bank 4325 17th Ave S. Fargo, ND 58125 US Bank Cardmemeber Services PO Box 790408 St Louis, MO 63179

Wells Fargo Dealer Services PO Box 1697 Winterville, NC 28590

Wells Fargo Dealer Services Po Box 3569 Rancho Cucamonga, CA 91729

Wellstar Paulding Hospital PO Box 406166 Atlanta, GA 30384

Case 16-11440-whd Doc 1 Filed 07/22/16 Entered 07/22/16 16:34:35 Desc Main Document Page 72 of 72

LOCAL FORM 5005-7(c)(3)(B)

In re	TJ Tony Henry Hinesley Scotie Lyn Hinesley		Case No.						
			Debtor(s)						
			JURY CONCERNING PETITION, SCHEDULES, TATEMENTS OF FINANCIAL AFFAIRS						
	Each of the undersigned declares under penalty of perjury -								
	(1) My attorney is filing on my behalf								
	✓ th	ne original of or [check ap	the amendment to plicable box]						
	owing papers in the United States Bankru e filed simultaneously with this Declaration		e Northern District of Georgia (check applicable box for papers tha						
	 ✓ *Petition ✓ List of all Creditors ✓ *List of 20 largest creditors ✓ Schedule A ✓ Schedule B ✓ Schedule C ✓ Schedule D ✓ Schedule E 		 ✓ Schedule F ✓ Schedule G ✓ Schedule H ✓ Schedule I ✓ Schedule J ✓ *Declaration Concerning Debtor's Schedules ✓ *Statement of Financial Affairs 						
	perjury attached to or part of such docur (4) that when I signed this Declaration,	escribed above reservent; and the foregoing doc	narked with an asterisk, I signed the Declaration under penalty of cuments were not blank or partially complete; and s is true and correct to the best of my knowledge, information and						
Date _	July 22, 2016	Signature	/s/ TJ Tony Henry Hinesley TJ Tony Henry Hinesley Debtor						
Date _	July 22, 2016	Signature	/s/ Scotie Lyn Hinesley Scotie Lyn Hinesley Joint Debtor						
hange hose do	orized agent of the Debtor) will have sign was made in the documents referred to ab	Debtor(s) certified ed this form and sove after the Dell to those documents.	es Certification es to the Court that: (1) the Debtor(s) (or, if the Debtor is an entity, the documents referred to above before I file them; (2) no material btor(s) (or authorized agent) read and signed the final paper copy of ents and the foregoing Declaration; and (3) those documents are the ion.						
Date:	July 22, 2016	/s/ Charles	/s/ Charles E. Nye						
		Signature of Charles E.	of Attorney Nye 521322						